

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/1284,935

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3			2		2	
4	1		1		2	
5	/		/			
6	1		1			
7		2		2		
8		2		2		
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TOTAL IND.	3		3			
TOTAL DEP.	0		9			
TOTAL CLAIMS	4		12			

CLAIMS	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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